County	alvert	-AA		Registration	Dist. No. 5	
Village or (City Judul sidence in city or town where	and	No. (If death occurred in a hospital			
2. FULL NA (a) Resider	ME May I	e Jour	os. ds How long i			
PERSON	VAL AND STATIST	(Usual place of abode) FICAL PARTICULARS	MEDI	If nonresider	nt give city or lown an	d State
SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DI		25 ⁻	103 (/
HUSBAND of (or) WIFE of	wed, or divorced		22. 1 HE	(Month)	(Day)	(Year)
DATE OF BIRTH	(month, day, and year) ars Months	Days If LESS then 1 day,hi	I last saw here el to have occurred on the S. The PRINCIPAL CAUSE	-	Pm.	, 19
kind of SAWYER SAWYER SAW MI 10. Date deceas this occur	ession, or particular work done, es SPINNER, r, BOOKKEEPER, etc business In which ss done, as SILK MILL, LL, BANK, etc LL, Bank, etc upation (month and	11. Total time (years) spent in this	were as follows:	ay En	clolism	Date of on
BIRTHPLACE (c (State or cou	ity or town)	14.A	Other Contributory Cana	es of importance:		
13. NAME CC	1/1	ild	8			
15. MAIDEN NA	1 11.	a. Coff. animal Una.		gnosis?		
16. BIRTHPLACE	1	Wd mes	Where did injury occur?	niclde?	. Date of injury	, 19
	TION, OR REMOVAL	Date OC1 27,1934	Manner of injury			
. UNDERTAKER (Address)	Harry H	schens		in any way related to occu	pation of deceased?	
FILED OCL	724, 1934 W2	of Istardesty	(Signed)	high W	word	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE (OF MARYL	.AND-	CERTIFIC	CATE	OF	DEAT
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10043

1. PLACE OF DEATH	y	(93-2)	
County Calvar	1	Registration Dist. No.	0
Village or City Ohn	et, lud	NoSt., f death occurred in a hospital or institution, give its NAME instead of street an	Ward
Length of residence in city or town where		sds. How long In U.S. if of foreign birth?yrs	
2. FULL NAME My	les Keys	∕ .	
(a) Residence: No.	Elivet, hall	St., Ward.	
	(Usual place of abode)	If nonresident give city or town a	
PERSONAL AND STATIST	,	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	or DIVORCED (write the word)	21. DATE OF DEATH OCT. (Month) (Day)	, 193 /-
5a. If marriad, widowad, or divorced HUSBAND of	11		
(OF) WIFE OF Chine	, Teys	22. I HEREBY CERTIFY. That i attended	ed daceased from
6. DATE OF BIRTH (month, day, and year)	1872	I last saw h M alive on Cury 3,192	cath is said
7. AGE Years 62 Months	Days If LESS than	to have occurred on the data stated above, at 12 2 m.	ETHIE
ileant 70 m	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	1
Z Trade, profession, or particular	Po	ρ	Data of onsat
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Laborer	Chrome Unjoearditis	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc		1	
SAW MILL, BANK, etc	11. Total tima (yaars)	-	
this occupation (month and	spent in this		
W-2	0	Dther Cantributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	wat.		
		-	
13. NAME 14. BIRTHPLACE (city or town)	noin		
4 14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of	
	Rutal Vale	What test confirmed diagnosis? Was there a	
	the feet of	23. If daath was due to external causes (VIOL ENCE) fill in also the follow	
16. BIRTHPLACE (city or town) (Stata or country)	MANK V	Accidant, suicida, or homicide? Date of injury	, 19
1. Pag - 1.	20. Alla Tout	Where did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate)
17. INFORMANT (Address)		- cyan, manual major, costino in rice and	Little.
18. BURIAL, CLEMATION, OR REMOVAL	040	Mannar of injury	
Place Tustin	Date (901 / - , 19-3 X	Nature of Injury	
19. UNDERTAKER 7 . 3.	Lesach 1	24. Was disaase or injury in any way related to occupation of deceased?	
(Addrass)	What ,	If so, specify	
20 545 P 2 24-19	Harle	(Signad) A. Ly. France	M. D.
20. FILED 29. 19.5	Registrar.	(Address) Jrune Freder	ich by

Received Ward. 9, 19 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every i	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement	The second secon
	RECOR	PHY .	Exact s	
	NENT	CTLY	ified.	
	PERMA	EXA	ly class	ate.
	S IS A	stated	proper	IN is very important. See instructions on back of certificate.
	HIS	l be	y be	jo y
	I.	nonle	ma	bacl
	Z	Esl	it it	no s
	ING	AG	o the	tions
	JNFAD	pplied.	terms, s	instruc
	VITH 1	ully su	plain 1	t. See
	Y, V	caref	H in	ortan
'	IN	pe	EAT	imp
	PLA	hould	OF D	very
	TE	s u	SE (IS.
	~	io	0	4

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT County_ Registration Dist. No. Village or City_ __St.,____ (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH ORCED (write the 193 (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTI (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Days to heve occurred on the dete steted above, at, 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of enset Trade, profession, or particuler OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked et 11. Total time (years)
spent in this this occupation (month and occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Name of operation. (State or country) What test confirmed diagnosis?_____ Was there en autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMAINON, OR REMI Place Date Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) if so, specify 20. FILED. Registy If more blanks are needed, address State Agistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(19)
County Calvert	Registration Dist. No. 51
Village or City Whiteal	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	200 - 10 10 10 10 10 10 10 10 10 10 10 10 10
2. FULL NAME Seletuma E. O.	arran
(a) Residence: No. Trutual (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wwie the word) Wh.	21. DATE OF DEATH (Month) (Dev) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WHFE of	22. HEREBY CERTIFY, That I ettended deceesed from
6. DATE OF BIRTH (month, day, and yeer) Sept. 7, 1871	I last sew him elive on Oct. (19.7 %; death is said
7. AGE Years Months Days If LESS then	to heve occurred on the date stated ebove, at
6 3 1 0 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
No. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Discoloring
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worked et this occupation (month and	Weina 19/3/34
10. Dete decessed last worked et this occupetion (month and year) occupation	
12. BIRTHPLACE (city or town)	Other Coatributory Causes of importance:
(Stete or country)	Chrom hephritis
13. NAME Thomas Carran	
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
	What test confirmed diagnosis? Wes there an eutopsy? L.U.
16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
2 (State or country) Cud. 17. INFORMANT Robert Harkeners (Address) Cure to all hard	Where did injury occur?
18. BURIAL, CHEMATON, OR REMOVAL STANDED OF 8 , 1234	Menner of injury
19. UNDERTAKER I Hantment Son (Address) Marketine Mark	24. Was disease or injury In any way releted to occupation of deceased?
20. FILED 10-4 , 19 34 & 7, 12 sing	(Signed) A. M. France M. P. (Address) France Frederich, had
A Shirth	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should of OCCU			unty		ver		~ * * * * * * * * * * * * * * * * * * *
Statement o	2	Len		dence in cit	y or town wh		h occurred
PF act		PE	ERSON	AL AN	D STATI	STIC	AL PART
L Y. PH . Exact	3.	em	ale	4. COLO	R OR RACE	5.	SINGLE, MA OR DIVORCE
X A C T L	5a.	HUSB (or) V	ied, widow AND of VIFE of	ed, or divo	rced		0
F-3 45	6. 1	DATE O	F BIRTH	month, day	, and yeer)	au	quest
ated operl tifica	_	AGE	Yea		Months	0	Days 18
should be t it may be on back of c	OCCUPATION	9. Inc	kind of w SAWYER, fustry or work was SAW MIL te decease this occu	ssion, or pe vork done, BOOKKEE business in s done, as S L, BANK, e ed last wor petion (mor	as SPINNER, PER, etc which ILK MILL, tc	In	fau 11. Total sp oc:
oplied. AGI erms, so tha instructions	12.		PLACE (cit	ty or town). ntry)	Do	we	ell
supplied n terms, ee instru	HER	13. NA	ME	Geo	rge	W	late
su in t	FATE	14. BII	RTHPLACE (State or	(city or to	wn)	na	nyth
in pl	HER	15. MA	IDEN NA	ME A	nne	ie	Bro
Cal	MOT	16. BII		(city or to	wn)	m	any
A D E	17.	INFDRM (Ad	MANT	Se	org	e i	when
ion shou ISE OF N is ver	18.	BURIAL	Ti	IDN, DR R	B.M	4	0/8/
CAUSE TION i	19.	UNDER	TAKER	Uh.	Sur	iel	e

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	9
County Calvery	Registration Dist. No. 50
Village or City Dowell	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Puth Editle 1	Mute
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purice the word) Single	21. DATE OF DEATH OCLOCEN (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and yeer) August 19-1934	I lest saw h elive on, 19, death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 5 - 4111.
/ /8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	meastes 6 /3/34
NOT SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this security is security in this security is security in this security in this security in this security is security in this security is security in this security in this secu	77
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Dowell	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME George White	
13. NAME George Mute 14. BIRTHPLACE (city or town) - Mary full	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME annie Broom-	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Annie Broom- 16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Slonge White (Address) Daniell's Many and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL 10/9/	Menner of Injury
Place Userys. My Daye 934,19	Nature of injury
19. UNDERTAKER 4. Swell : 22	24. Was disease or injury in any way related to occupation of deceased?
(Address) A fruce Frederich. Mid	If so, specify
20. FILED 198 , 1934 DVISGOSTEL. Registrar.	(Signed) M. D. (Address) Showing. M. D.
Registrar.	(Vicinias)

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Example II	
cause of death and related causes were as follows:	Date of onset
98 <i>y</i>	I week ago
eet car	1 week ago
	3 days ago
ntory causes of importance:	
	1 year
3.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Oate of enset

(Oay)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year